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Aug 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000162

1. Corporation Name
LIGHTWARE, INCORPORATED

Principal Place of Business
300 MITCHELL HAMMOCK RD.
#8
OVIEDO, FL 32765

Mailing Address
300 MITCHELL HAMMOCK RD.
#8
OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1 S. PINE ISLAND ROAD	26 1177 LOUISIANA AVE
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27 STE 101
City & State 23 PLANTATION, FLORIDA	City & State 28 WINTER PARK, FL
Zip 24 33324 Country 25 US	Zip 29 32789 Country 30 US

3. Date Incorporated or Qualified: 1-10-96

4. FEI Number: 31-1449689 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DERLI CHEN
#8 300 MITCHELL HAMMOCK ROAD
OVIEDO, FL 32765

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1 S. PINE ISLAND ROAD #301
83
84 City PLANTATION FL 85 Zip Code 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P S ☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	SIEW WONG CHONG	1.2 NAME	DERLI CHEN
STREET ADDRESS	300 MITCHELL HAMMOCK RD #8	1.3 STREET ADDRESS	1 S. PINE ISLAND RD #301
CITY-ST-ZIP	OVIEDO, FL 32765	1.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	VPT ☐ DELETE	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	DERLI CHEN	2.2 NAME	DERLI CHEN
STREET ADDRESS	300 MITCHELL HAMMOCK ROAD #8	2.3 STREET ADDRESS	1 S. PINE ISLAND ROAD #301
CITY-ST-ZIP	OVIEDO, FL 32765	2.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	☐ DELETE	3.1 TITLE	T ☒ Change ☐ Addition
NAME		3.2 NAME	CHIN-HUI NIU
STREET ADDRESS		3.3 STREET ADDRESS	1 S. PINE ISLAND RD. #301
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	☐ DELETE	4.1 TITLE	S ☒ Change ☐ Addition
NAME		4.2 NAME	CHIN-HUI NIU
STREET ADDRESS		4.3 STREET ADDRESS	1 S. PINE ISLAND ROAD #301
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	☐ DELETE	5.1 TITLE	500002610125 ☐ Change ☐ Addition
NAME		5.2 NAME	-08/07/98--01004--020
STREET ADDRESS		5.3 STREET ADDRESS	***550.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

PE 8.3

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ________ 7-15-98 954-915-9986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #